

## **Prevalence and Risk Factors of Postpartum Depression among Women: A Review Paper**

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### **Abstract**

There are differences among countries regarding the prevalence of Postpartum depression (PPD). The current paper targets to estimate the prevalence and the risk factors for the PPD among women. An electronic searching in the databases CINAHL, Google Scholar and PubMed. The review points out discrepancies in the prevalence of PPD between nations. This review reveals a need for future research that focus on the developing a proper screening tools and consideration of cultural factors in the treatment of PPD.

**Keywords:** Women; Prevalence; Postpartum Depression; Risk Factors

### **Introduction**

Globally, it is estimated that almost 10% of pregnant women and 13% of women who have given birth have a mental illness, mainly depression [1].

The PPD was categorized as a non-psychotic depressing illness. It was classified as an episode of a major depressive illness that starts within four weeks of child birth and it is a major disabling mood illness that affects women through years of childbearing [2]. Depression is the greatest common psychological illness in the postpartum period. Typically, within 28 days of delivery, the initial indicators appear, which may be insignificant up to severe [3]. Consistent with WHO, PPD signs start with low energy, a depressed mood and anhedonia in a few days after delivery [4].

The common depressive symptoms in the postpartum period may comprise experiencing constant sadness or low mood, feeling help-less and hopeless, low self-esteem and feeling upset that the mother is incapable to pay attention to her child [2]. The symptoms may continue up to a number of months, and if left untreated, PPD may result in subsequent behavioral cognitive, emotional, and problems of the child [5].

PPD during such a serious period of mother life brings exceptional meanings and concerns to the women and her bonds with her infant. [4]. Within the period of postpartum, it is potential to detect women who have high risks for both general depression and PPD using screening tools that are appropriate and valid [4-9].

The PPD still underdiagnosed and undertreated in medical practices in many countries [10-15]. This might be attributable to social restrictions connected with psychiatric illnesses [17-27], and dearth of awareness of the illnesses among mothers and clients, and low screening rate for PPD [16].

### Aim of the Study

The current review was conducted to evaluate the prevalence and the risk factors for the postpartum depression among women.

### Search Methods

An electronic searching was conducted in three databases CINAHL, Google Scholar and PubMed, using the keywords of "Postpartum depression", "Postnatal depression", "risk factors", "prevention" and "prevalence".

The studies included in the review were (a) papers published in 2015 and more in the English language, (b) discussing the prevalence and the risk factors for postpartum depression among women. Studies involving other diseases and letters were excluded.

### Search outcome

Examining of the literature resulted in 70 titles for review. The final examination resulted in 43 articles to be reviewed.

### Results and Discussion

The PPD is important health care issue that can influence the health of the mother, interaction with the newborn, infant growth besides her marital relationship [28].

Worldwide, there are variations in the prevalence of PPD. A cross-sectional Syrian study intended to assess the prevalence of postpartum depression among 1105 postpartum mothers in primary health care centers. The findings confirmed that the prevalence of postpartum depression among Syrian women was comparatively high [29]. Similar prevalence was reported by a longitudinal study that was conducted in Bethlehem, Palestine [30]. In Egypt the study assessed the postpartum depression prevalence at about 26.6% [31], In Turkey, the prevalence was around 28.9% [32], While studies were conducted in developed countries and some Arab countries reported low prevalence [33].

According to the literature review, many studies explored the risk factors for PPD.

A longitudinal study that was conducted in Bethlehem, Palestine found that high parity and unplanned pregnancy were identified as potential risk factors for PPD [30]. In Syrian, a cross-sectional study confirmed that postpartum depression was significantly related to a reported a health problem during last pregnancy; displacement; perceived exposure to a lot of life stressors. While the antenatal care had a protective influence [29]. While in Egypt the bad relationship with husband, having more than 2 children, an unplanned pregnancy and unhealthy newborn were factors that are significantly related to PPD [31]. A European study showed that family violence, lack of family support, lack of satisfaction with the marital relationship, and bottle-feeding were the main factors that significantly related to the risk of PPD [32].

Finally, mothers who had possible PPD deserves direct action on early assessment, detection and intervention [34-42]. Also, the alliance of several partners and supporting approaches will be needed, and health care providers will certainly be main players in serving to support the large-scale public health interventions and community health promotion efforts [43].

### Conclusion

The present review paper exposes a necessity for future studies that aim to develop suitable screening instruments and to consider the cultural factors in the management of PPD. Identifying the risk factors related to depression, in postpartum mothers will help in designing effective counselling and awareness programs. There is a need to introduce screening program for PPD in the health facilities as part of the postpartum health care.

Health care workers need to receive appropriate training on psychological issues when providing care for women have recently given birth and who are pregnant.

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